1 Name and Address of Recipient:	7	Fund Type:
Agency Name Adair County Schools		State
Street Address 1204 Greensburg St		Federal
City, KY Zip Columbia, KY 42728		Other:
	8	Method of Payment:
2 KDE Contact Information:		Federal Cash Request
Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	١,	Automatic Payment
Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
Street Address 500 Mero St., 16th Fl. CPT	М	Receipt of Invoice from Vendor
City, KY Zip Frankfort, Kentucky 40601	. 4	
32	9	Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:	IN	Monthly
Description FY14 Migrant Summer Program	уљ	Quarterly
Fund Source Title I, Part C Migrant Education	##	Other
CFDA# 84.011A 9	7	
MUNIS Project Number 3113S	10	Financial Reporting Method:
Master Agreement Number N/A		Electronic Submission CDIP
5 - ( ( *		Other
4 Grant Authority (Source):		
NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
80, 81, 82, 85, 97, 98, and 99		
5 Award Amount \$7,191.00 Kentucky Dep	a 11	Evaluations: N/A
6 Period of Award:	don	
April 15, 2014 – September 30, 2014		
12 Consortia/Partnership Members:		
Consortation Promocist		
13 Special Instructions/Conditions: Funds are designated for the 2014 S		on Migrant Cumman Cahaal Dragman anky
"Funds for 3113S must be requested under 3113". The final Federal Cash Rec		
Tunus for 31133 must be requested under 3113. The final redefal Cash Rec	uest I	must be sublimited by October 31, 2014.
14 Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
Division of Consolidated Plans and Audits		-

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barren County Schools		State
	Street Address 202 W Washington St		
	City, KY Zip Glasgow, KY 42141		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	7	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	4	
	3	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	n	Monthly
	Description FY14 Migrant Summer Program	и,	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A 9	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	(   · ·		Other
4	Grant Authority (Source):		_
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$3,525.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
_	April 15, 2014 – September 30, 2014		
	Consortia/Partnership Members:		<u>I</u>
12	Consolitari arthership Members.		
12	Charles I Instrumetions / Conditions From January January 1 - 1 - 1 - 1 - 2014 C		Microsoft Common Colors I Don
13	Special Instructions/Conditions Funds are designated for the 2014 Sun		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	nust be subfillited by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		-

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bourbon County Schools		State
	Street Address 3343 Lexington Rd		
	City, KY Zip Paris, KY 40361		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	≥ ' · · · · · · · · · · · · · · · · · ·	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	n	Monthly
	Description FY14 Migrant Summer Program	и,	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5 - ( ( ./-		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$12,267.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
12	Consortiu/1 ur thereinp 1/10msers.		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su	mme	er Migrant Summer School Program only.
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caldwell County Schools		State
	Street Address PO Box 229		
	City, KY Zip Princeton, KY 42445		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	7	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	<i>₹</i>	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	л	Monthly
	Description FY14 Migrant Summer Program	//-	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A	/	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5 -( ) -		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$1,410.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
v	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
	<b>F</b>		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su	mme	er Migrant Summer School Program only.
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Casey County Schools		State
	Street Address 1922 U. S. 127		□ Federal
	City, KY Zip Liberty, KY 42539		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	1	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	\tag{\frac{1}{2}}	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	М	Monthly
	Description FY14 Migrant Summer Program	/ /·	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$2,820.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	Оп	
	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:	1	L
13	Special Instructions/Conditions: Funds are designated for the 2014 Su	ımme	er Migrant Summer School Program only.
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
1.4			D 4 11 2014
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caverna Indp. Schools		State
	Street Address 1102 N. Dixie Hwy		
	City, KY Zip Cave City, KY 42127		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	ч	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	1.5	1
	City, 121 Zap Trumition, remarkly 10001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
3	Description FY14 Migrant Summer Program	<i>i</i> )	Quarterly
	Fund Source Title I, Part C Migrant Education		Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	,	10	
	Master Agreement Number N/A		
4	Court And and Court	-	Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
_	80, 81, 82, 85, 97, 98, and 99	44	T = 1 - 14. N/A
5	Award Amount \$ 987.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	Off	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
	Consortiur artifersing members.		
12			M' 4C CLID
13	Special Instructions/Conditions Funds are designated for the 2014 Sun		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	iust be subfillited by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		• '

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Christian County Schools		State
	Street Address PO Box 609		
	City, KY Zip Hopkinsville, KY 42241		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	1	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	á	
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	Λ	Monthly
	Description FY14 Migrant Summer Program	и,	Quarterly
	Fund Source Title I, Part C Migrant Education	1	Other
	CFDA# 84.011A	/	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5 - ( ) - (		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$2,679.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:	<u> </u>	
12	Consortiu/1 ut thership friembers.		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	nust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
14	Division of Consolidated Plans and Audits		<b>Date.</b> April 1, 2014
	Division of Consolidated Flans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clark County Schools		State
	Street Address 1600 W Lexington Ave		
	City, KY Zip Winchester, KY 40391		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	H	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	Λ	Monthly
	Description FY14 Migrant Summer Program	у,	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A	1	_
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5 ( ) 4		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$9,588.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		<u> </u>
12	Consortia/1 arthership Members.		
13	Special Instructions/Conditions Funds are designated for the 2014 Sum	ımer	Migrant Summer School Program only
10	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
	The interest of the first of th		
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		•

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Daviess County Schools		State
	Street Address PO Box 21510		
	City, KY Zip Owensboro, KY 42304		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	1.5	
	City, IX 1 21p Trankfort, Renderly 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY14 Migrant Summer Program	<i>.</i>	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A	/	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A	10	Electronic Submission CDIP
	Waster Agreement Number 1VA		Other
4	Grant Authority (Source):		
7	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5		11	Evaluations: N/A
	Award Amount \$13,113.00 Kentucky Depa		Livatudions. 17/1
6	Period of Award:	OΠ	
	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:	I	
	r and a second residual residu		
13	Special Instructions/Conditions, Funds are designated for the 2014 Su	mme	or Migrant Summer School Program only
13	<u>                                   </u>		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
14			

1 Name and Address of Recipient:	7	Fund Type:
Agency Name Fayette County Schools		State
Street Address 701 E Main St		Federal
City, KY Zip Lexington, KY 40502		Other:
	8	Method of Payment:
2 KDE Contact Information:		Federal Cash Request
Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	١,	Automatic Payment
Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
Street Address 500 Mero St., 16th Fl. CPT		Receipt of Invoice from Vendor
City, KY Zip Frankfort, Kentucky 40601	۵.	-
37 1	9	Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:	JN.	Monthly
Description FY14 Migrant Summer Program	y).	Quarterly
Fund Source Title I, Part C Migrant Education	"	Other
CFDA# 84.011A	7	
MUNIS Project Number 3113S	10	Financial Reporting Method:
Master Agreement Number N/A		Electronic Submission CDIP
		Other
4 Grant Authority (Source):		
NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
80, 81, 82, 85, 97, 98, and 99		
5 Award Amount \$14,664.00 Kentucky Dep.	11	Evaluations: N/A
6 Period of Award:	lon	
April 15, 2014 – September 30, 2014		
12 Consortia/Partnership Members:		
Consortation Promocist		
12 Special Instructional Conditional Founds and design at all four the 2014 S		ou Microsot Cummou Colo al Ducamous audi-
Special Instructions/Conditions: Funds are designated for the 2014 S "Funds for 3113S must be requested under 3113". The final Federal Cash Rec		
Tunus for 31135 must be requested under 3113. The final Federal Cash Rec	uest I	must be submitted by October 31, 2014.
14 Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
Division of Consolidated Plans and Audits		

1 N	Name and Address of Recipient:	7	Fund Type:
A	Agency Name Garrard County Schools		State
S	Street Address 322 W Maple St		
	City, KY Zip Lancaster, KY 40444		Other:
		8	Method of Payment:
2 <b>F</b>	KDE Contact Information:		Federal Cash Request
F	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	1	Automatic Payment
l E	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	ч	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	4	
	3	9	Reimbursement Frequency:
3 I	Description/Fund Source of Award and Fiscal Year:	П	Monthly
	Description FY14 Migrant Summer Program	и.	Quarterly
	Fund Source Title I, Part C Migrant Education	11	Other
	CFDA# 84.011A <b>Q</b>	/	
N	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5-((.4		Other
4 (	Grant Authority (Source):		
N	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
8	80, 81, 82, 85, 97, 98, and 99		
5 A	Award Amount \$2,538.00 Kentucky Depa	11	Evaluations: N/A
6 F	Period of Award:	on	
_	April 15, 2014 – September 30, 2014		
	Consortia/Partnership Members:	1	
	out of the first samp in the same of the		
13 S	Special Instructions/Conditions: Funds are designated for the 2014 Su	mme	on Mignant Cummon Cahool Duognam andre
	Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
	Tundo for 51755 must be requested under 5115.	icst II	idst be sublificed by October 31, 2014.
14 A	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		<del>-</del>

1 Name and Address of	Recipient:	7	Fund Type:
Agency Name Gra	ives County Schools		State
Street Address 229	0 State Route 121 N.		Federal
City, KY Zip May	yfield, KY 42066		Other:
		8	Method of Payment:
2 KDE Contact Inform	ation:		Federal Cash Request
Program Contact – Pho	one # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
Street Address	500 Mero St., 8 <sup>th</sup> Fl., CPT	١,	Automatic Payment
Budget Contact – Phor		L	Lump Sum
Street Address	500 Mero St., 16th Fl. CPT	H	Receipt of Invoice from Vendor
City, KY Zip	Frankfort, Kentucky 40601	. 4	
	32	9	Reimbursement Frequency:
3 Description/Fund Sou	ırce of Award and Fiscal Year:	_n	Monthly
Description	FY14 Migrant Summer Program	у,	Quarterly
Fund Source	Title I, Part C Migrant Education	//	Other
CFDA#	84.011A	7	
MUNIS Project Numb	er 3113S	10	Financial Reporting Method:
Master Agreement Nu			Electronic Submission CDIP
	5 -((.4		Other
4 Grant Authority (Sou	irce):		
NCLB Title I, Part C;	34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
80, 81, 82, 85, 97, 98,	and 99		
5 Award Amount \$3,52	25.00 Kentucky Dep	a 11	Evaluations: N/A
6 Period of Award:	of Educat	don	
April 15, 2014 – Septe	mber 30, 2014		
12 Consortia/Partnershi		I	
	F		
13 Special Instructions/O	Conditions: Funds are designated for the 2014 St	ımma	r Migrant Summer School Program only
	be requested under 3113". The final Federal Cash Rec		
T unus for o 1 100 must b	The final redefar Cash Rec	acst II	must be sublificed by October 51, 2014.
14 Authorized By (Name	e/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		-

1 Name and	Address of Recipient:	7	Fund Type:
Agency N	me Hardin County Schools		State
Street Add	ess 65 W A Jenkins Rd		
City, KY 2	ip Elizabethtown, KY 42701		Other:
		8	Method of Payment:
2 KDE Con	act Information:		Federal Cash Request
Program C	ontact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
Street Add	· ·	١,	Automatic Payment
Budget Co	tact – Phone # Judy Howard – 502-564-1979 Ext 4322	L	Lump Sum
Street Add		H	Receipt of Invoice from Vendor
City, KY 2	ip Frankfort, Kentucky 40601	4	
	3	9	Reimbursement Frequency:
3 Description	n/Fund Source of Award and Fiscal Year:	IN	Monthly
Descriptio		у,	Quarterly
Fund Sour		///	Other
CFDA#	84.011A	7	
MUNIS P	oject Number 3113S	10	Financial Reporting Method:
Master Ag	eement Number N/A		Electronic Submission CDIP
	J _ ( ( , '		Other
4 Grant Au	hority (Source):		
NCLB Tit	e I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
80, 81, 82,	85, 97, 98, and 99		
5 Award Aı	ount \$3,102.00 Kentucky Dep	a 11	Evaluations: N/A
6 Period of	ward: Of Educat	tion	
	014 – September 30, 2014		
	Partnership Members:		
	Turmoremp Hadmadasi		
13 Special In	tructions/Conditions: Funds are designated for the 2014 S	umm	or Migrant Summer School Drogram and
	113S must be requested under 3113". The final Federal Cash Rec		
i unus ioi .	The must be requested under 3113. The final rederal Cash Rec	uest II	must be sublimited by October 31, 2014.
14 Authorize	By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hart County Schools		State
	Street Address 25 Quality Street		
	City, KY Zip Munfordville, KY 42765		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	1	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	И	Monthly
	Description FY14 Migrant Summer Program	I h	Quarterly
	Fund Source Title I, Part C Migrant Education	7	Other
	CFDA# 84.011A	/	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5-((,4		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$1,551.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:	1	
	001200101W1 W1012012W1 112011200120		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su	mme	er Migrant Summer School Program only.
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henderson County Schools		State
	Street Address 1805 Second St		
	City, KY Zip Henderson, KY 42420		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	ч	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		-
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	T/L	Monthly
	Description FY14 Migrant Summer Program	IJ.	Quarterly
	Fund Source Title I, Part C Migrant Education		Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$1,692.00 Kentucky Depa	11	Evaluations: N/A
(	Period of Award:	oun	
6		1000	
12	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	nust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		<u>.</u> ′

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lincoln County Schools		State
	Street Address PO Box 265		
	City, KY Zip Stanford, KY 40484		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	1	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	7	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	d	
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	И	Monthly
	Description FY14 Migrant Summer Program	/ Jr.	Quarterly
	Fund Source Title I, Part C Migrant Education	7	Other
	CFDA# 84.011A	/	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5-((,4		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$7,896.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions Funds are designated for the 2014 Sun	ımer	Migrant Summer School Program only.
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Logan County Schools		State
	Street Address PO Box 417		
	City, KY Zip Russellville, KY 42276		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	1.5	1
	Trankfort, refituely 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
3	Description FY14 Migrant Summer Program	<i>/</i> ]_	Quarterly
	Fund Source Title I, Part C Migrant Education	"	Other
	, ,	1	
	CFDA# 84.011A	10	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	3 - 1 4		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$3,666.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
12	Comporting a competition of the comporting of the comporting of the competition of the co		
4.5			10 00
13	Special Instructions/Conditions Funds are designated for the 2014 Sun		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	nust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Madison County Schools		State
	Street Address PO Box 768		
	City, KY Zip Richmond, KY 40475		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601		
	33	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	n	Monthly
	Description FY14 Migrant Summer Program	y ).,	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	5		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$8,460.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		<u> </u>
12	Consolitat at the ship intermets.		
12	Charles I Instrumentians (Conditions, Francis I		m Microsof Common Cale - I December - 1
13	Special Instructions/Conditions: Funds are designated for the 2014 Su		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	nust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marion County Schools		State
	Street Address 755 E Main St		
	City, KY Zip Lebanon, KY 40033		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	ч	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	1.5	1
	City, IX 1 21p Trankfort, Renderly 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	ĺ	Monthly
	Description FY14 Migrant Summer Program	<i>I</i> )	Quarterly
	Fund Source Title I, Part C Migrant Education	Ш.	Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A	10	Electronic Submission CDIP
	Waster Agreement Number 1VA		Other
4	Grant Authority (Source):		Oulci
<b>"</b>	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$5,217.00 Kentucky Depa	11	Evaluations: N/A
	Reithory Depo	H-FI	
6	Period of Award:	Off	
	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
	•		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su	mme	or Migrant Summer School Program only
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
	The mail of the matter requested and of the mail of the mail redefin requested and redefined to the mail redef	.050 11	and the maintenance of the control o
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		•

1 Na	ame and Address of Recipient:	7	Fund Type:
Ag	gency Name Mayfield Indp. Schools		State
Str	reet Address 914 East College St		
Cit	ty, KY Zip Mayfield, KY 42066		Other:
		8	Method of Payment:
2 KI	DE Contact Information:		Federal Cash Request
Pro	ogram Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	reet Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
Bu	udget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	reet Address 500 Mero St., 16th Fl. CPT	ш	Receipt of Invoice from Vendor
Cit	ty, KY Zip Frankfort, Kentucky 40601	1.5	1
	right 22p	9	Reimbursement Frequency:
3 De	escription/Fund Source of Award and Fiscal Year:		Monthly
	escription FY14 Migrant Summer Program	<i>.</i>	Quarterly
	and Source Title I, Part C Migrant Education		Other
	FDA# 84.011A	1	
	UNIS Project Number 3113S	10	Financial Reporting Method:
1	aster Agreement Number N/A		Electronic Submission CDIP
1410	uster rigidement rumber 1771		Other
4 Gr	rant Authority (Source):	-	
	CLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
1	9, 81, 82, 85, 97, 98, and 99		
	ward Amount \$4,371.00 Kentucky Depa	11	Evaluations: N/A
	- 6 Educati		
6 Per	eriod of Award:	OIL	
Ap	oril 15, 2014 – September 30, 2014		
12 Co	onsortia/Partnership Members:		
13 Sp	oecial Instructions/Conditions: Funds are designated for the 2014 Su	mme	er Migrant Summer School Program only.
	unds for 3113S must be requested under 3113". The final Federal Cash Requ		
	1		
14 Au	uthorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		-

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Metcalfe County Schools		State
	Street Address 109 Sartin Dr		
	City, KY Zip Edmonton, KY 42129		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	L.	
	City, K1 Zip Trankfort, Rentucky 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	-	Monthly
3		/ 1_	l <u>—</u>
			Quarterly
	Fund Source Title I, Part C Migrant Education		Other
	CFDA# 84.011A		
	MUNIS Project Number 31138	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$2,679.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
12	Consoludit arthersing frembers.		
13	Special Instructions/Conditions Funds are designated for the 2014 Sun		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	nust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		-

1 Name and Address of Recipient:	7	Fund Type:
Agency Name Monroe County Schools		State
Street Address 309 Emberton Street		
City, KY Zip Tompkinsville, KY 42167		Other:
	8	Method of Payment:
2 KDE Contact Information:		Federal Cash Request
Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 400	3	Expenditure Reimbursement
Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	١,,	Automatic Payment
Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322	l.	Lump Sum
Street Address 500 Mero St., 16th Fl. CPT	ГЧ	Receipt of Invoice from Vendor
City, KY Zip Frankfort, Kentucky 40601	1.4	
37 1	9	Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:		Monthly
Description FY14 Migrant Summer Program	711	Quarterly
Fund Source Title I, Part C Migrant Education	11	Other
CFDA# 84.011A	7	
MUNIS Project Number 3113S	10	Financial Reporting Method:
Master Agreement Number N/A		Electronic Submission CDIP
		Other
4 Grant Authority (Source):		
NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79		
80, 81, 82, 85, 97, 98, and 99		
5 Award Amount \$7,896.00 Kentucky Dep	a 11	Evaluations: N/A
6 Period of Award:	tilor	
April 15, 2014 – September 30, 2014		
12 Consortia/Partnership Members:		
Constitut at the ship Niembers.		
12 Chesial Instructions/Conditions: Funds and designed of funds 2014		on Missont Cummon Coloral Dusamon and
Special Instructions/Conditions: Funds are designated for the 2014 "Funds for 3113S must be requested under 3113". The final Federal Cash Re		
runus ioi 31135 must be requested under 3113. The final Federal Cash Re	quest I	must be submitted by October 31, 2014.
14 Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
Division of Consolidated Plans and Audi	S	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Montgomery County Schools		State
	Street Address 700 Woodford Drive		Federal
	City, KY Zip Mount Sterling, KY 40353		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	1	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	4	
	39 7 7 7	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	Λ	Monthly
	Description FY14 Migrant Summer Program	/ J.	Quarterly
	Fund Source Title I, Part C Migrant Education	17	Other
	CFDA# 84.011A	/	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$10,293.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
U	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:	1	
	Consortiu/2 urtinorsmp 1/20m30230		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su	mma	or Migrant Summer School Dragram and
13	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
	Tunus for 31133 must be requested under 3113. The final Pederal Cash Requ	icst II	iust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		-

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Powell County Schools		State
	Street Address PO Box 430		
	City, KY Zip Stanton, KY 40380		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	ч	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	1.4	
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	M	Monthly
	Description FY14 Migrant Summer Program	И.	Quarterly
	Fund Source Title I, Part C Migrant Education	и.	Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
	Master rigitation remote 1011		Other
4	Grant Authority (Source):		
	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5	Award Amount \$2,000.00 Kentucky Depa	11	Evaluations: N/A
6	Period of Award:	on	
_	April 15, 2014 – September 30, 2014	100	
	Consortia/Partnership Members:		
12	Consorua/Partnersmp Members:		
	Special Instructions/Conditions: Funds are designated for the 2014 Su		
	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ	iest n	nust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
	Division of Consolidated Plans and Audits		•

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County Schools		State
	Street Address 404 S. Main St.		
	City, KY Zip Jamestown, KY 42629		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
	Street Address 500 Mero St., 16th Fl. CPT	ч	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, Kentucky 40601	1.5	1
	City, IX 1 21p Trankfort, Renderly 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	ſ	Monthly
	Description FY14 Migrant Summer Program	<i>I</i> )	Quarterly
	Fund Source Title I, Part C Migrant Education	Ш.	Other
	CFDA# 84.011A	1	
	MUNIS Project Number 3113S	10	Financial Reporting Method:
	Master Agreement Number N/A	10	Electronic Submission CDIP
	Waster Agreement Number 1VA		Other
4	Grant Authority (Source):		Other
<b>"</b>	NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
	80, 81, 82, 85, 97, 98, and 99		
5		-11	Evaluations: N/A
	Award Amount \$4,371.00 Kentucky Depa	III-FII	Evaluations: 14/1
6	Period of Award:	Off	
	April 15, 2014 – September 30, 2014		
12	Consortia/Partnership Members:		
	r and a second residual residu		
13	Special Instructions/Conditions: Funds are designated for the 2014 Su	mme	or Migrant Summar Sahaal Program ank
13	"Funds for 3113S must be requested under 3113". The final Federal Cash Requ		
	Tunus for 5 1755 must be requested under 5 175. The mai redefat Cash Requ	icst II	hust be submitted by October 31, 2014.
14	Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014

1 Name and Address of Recipient:	7	Fund Type:
Agency Name Shelby County Schools		State
Street Address PO Box 159		
City, KY Zip Shelbyville, KY 40066		Other:
	8	Method of Payment:
2 KDE Contact Information:		Federal Cash Request
Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 4003		Expenditure Reimbursement
Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	١,	Automatic Payment
Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322	L	Lump Sum
Street Address 500 Mero St., 16th Fl. CPT	Н	Receipt of Invoice from Vendor
City, KY Zip Frankfort, Kentucky 40601	. 4	
32	9	Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:		Monthly
Description FY14 Migrant Summer Program	уљ	Quarterly
Fund Source Title I, Part C Migrant Education	///	Other
CFDA# 84.011A 9	7	
MUNIS Project Number 3113S	10	Financial Reporting Method:
Master Agreement Number N/A		Electronic Submission CDIP
		Other
4 Grant Authority (Source):		
NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79,		
80, 81, 82, 85, 97, 98, and 99		
5 Award Amount \$3,384.00 Kentucky Dep	a 11	Evaluations: N/A
6 Period of Award:	tion	
April 15, 2014 – September 30, 2014		
12 Consortia/Partnership Members:		<u> </u>
Consortial artificismp Members.		
13 Special Instructions/Conditions: Funds are designated for the 2014 S		on Mignont Cummon Cahool Duognam andre
"Funds for 3113S must be requested under 3113". The final Federal Cash Red		
Tunus ioi 31133 must be requested under 3113.	lucst I	must be submitted by October 31, 2014.
14 Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
Division of Consolidated Plans and Audits		-

1 Name and Address of Recipient:	7	Fund Type:
Agency Name Webster County Schools		State
Street Address 28 State Rt 1340		Federal
City, KY Zip Dixon, KY 42409		Other:
	8	Method of Payment:
2 KDE Contact Information:		Federal Cash Request
Program Contact – Phone # Heather Rhorer 502-564-3791 Ext 400	3	Expenditure Reimbursement
Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT	1/2	Automatic Payment
Budget Contact – Phone # Judy Howard – 502-564-1979 Ext 4322		Lump Sum
Street Address 500 Mero St., 16th Fl. CPT	r	Receipt of Invoice from Vendor
City, KY Zip Frankfort, Kentucky 40601	1.4	
19	9	Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:		Monthly
Description FY14 Migrant Summer Program	7/-	Quarterly
Fund Source Title I, Part C Migrant Education	//	Other
CFDA# 84.011A	7	
MUNIS Project Number 3113S	10	Financial Reporting Method:
Master Agreement Number N/A		Electronic Submission CDIP
5 - ((,		Other
4 Grant Authority (Source):		
NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79	,	
80, 81, 82, 85, 97, 98, and 99		
5 Award Amount \$6,768.00 Kentucky Dep	a 11	Evaluations: N/A
6 Period of Award:	tior	
April 15, 2014 – September 30, 2014		
12 Consortia/Partnership Members:		
Consortiar arthersing Members.		
12 Special Instructions/Conditions: Funds are designed of funds 2014	Z	on Missont Cummon Coloral Dusamons on La
Special Instructions/Conditions: Funds are designated for the 2014 "Funds for 3113S must be requested under 3113". The final Federal Cash Ro		
runus ioi 31135 musi be requested under 3113. The final rederal Cash Ro	quest I	must be subfillitied by October 31, 2014.
14 Authorized By (Name/Title): Donna Tackett, Director		<b>Date:</b> April 1, 2014
Division of Consolidated Plans and Audi	S	-